

Practitioner Docket No. 100700.0011US1

1761

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TECHNOLOGY CENTER 1700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Miljkovic

Application No.: 09/802,349

Group No.: 1761

Filed: March 8, 2001

Examiner: C. Sherrer

For: METHODS AND COMPOSITIONS FOR INCREASING FERMENTATION OF A MICROORGANISM

Box Non-Fee Amendment

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 do not apply.

COPY OF PAPERS
ORIGINALLY FILED

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

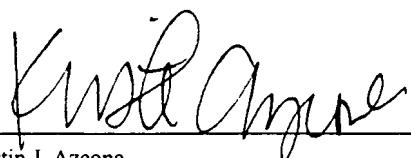
deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Date: August 8, 2002

Kristin J. Azcona



FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	16	Minus	20	= 0	x \$18 = \$0
Indep.	2	Minus	3	= 0	x \$84 = \$0
First Presentation of Multiple Dependent Claim			+ \$280 =	\$0	
			Total		
			Addit. Fee	\$0	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

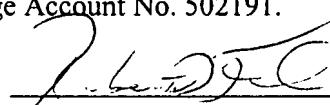
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

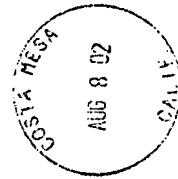
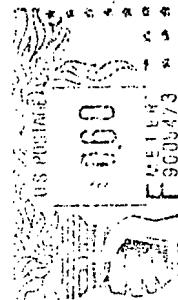
6. If any additional extension and/or fee is required, charge Account No. 502191.
If any additional fee for claims is required, charge Account No. 502191.

Date: August 8, 2002


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